CARUSO EXHIBIT F

IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

FOR THE SOUTHERN D	MINICI OF NEW YORK
RUBY FREEMAN and WANDREA' MOSS,	
Plaintiffs,	No. 24-mc-353
v.	AMENDED EXEMPTION CLAIM FORM
RUDOLPH W. GIULIANI,	EXEMPTION CLAIM FORM
Defendant.	
indicate a simple	
Address A:	Address B: Parkside Financial Bank & Trust
Aaron E. Nathan	AT, Inc.
M. Annie Houghton-Larsen WILLKIE FARR & GALLAGHER LLP	7700 Forsyth Blvd Ste 1800
787 Seventh Avenue	Saint Louis, MO 63105
New York, NY 10019	
stubs, copies of checks or bank records show include copies of the documents with this form. I state that my account contains the following to	
Social Security	
Social Security Disability (SSD) Supplemental Security Income (SSI)	
Public Assistance	
Wages While Receiving SSI or Public Ass	sistance
Veterans Benefits	
Unemployment Insurance	
Payments from Pensions and Retirement	Accounts
■ Income Earned in the Last 60 days (90% of	
Child Support	1
Spousal Support or Maintenance (Alimon	y)
Workers' Compensation	
Railroad Retirement or Black Lung Benef	
COVID-19 stimulus relief for individuals	and families with children
Other (Describe Exemption);	·

I request that any correspondence to me regarding my claim be sent to the following address:

Rudolph W. Giuliani, 315 S. Lake Drive, Unit 5D, Palm Beach, Florida 33480

(fill in your complete address)

I certify under penalty of perjury that the statement above is true to the best of my knowledge and

belief.

9/30/2024

Signature of Judgment Debtor